

**Policy Change Request Form**

**CLARITY INSURANCE COMPANY**

(Herein Company)  
P.O Box 531610, Henderson, NV 89053

State  
**NV**

Policy Number

1. Date of Notice	2. Policy Effective Date	3. Policy Expiration Date	4. Agent Phone Number
5. Named Insured and Address		6. Agent/Producer Name and Address	

**ADDRESS CHANGE**

7. Mailing Address	8. Garage Address
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**ADD DELETE CHANGE DRIVER INFORMATION**

Name	Relationship	DOB	Gender	Marital Status	Driver's License Number / State	Years Licensed	Mths Clms Free

**DELETE VEHICLE**

Year	Make	Model	Vehicle Identification Number

**ADD VEHICLE**

Year	Make	Model	Vehicle Identification Number

9. Use Business      Pleasure	10a. Lienholder Name	10b. Address, City, State and Zip Code
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**COVERAGES: (Same Limits of Liability Apply to All Vehicles on Policy)**

11. Add      Delete      Change to	12. Applies to Year:      Make:      Model:			
Deductible	13. Comp. (Other than Collision)*	14. Collision*	15. Rental Reimbursement	16. Towing & Labor

\*Authorization for Inspection Form must be attached.

**ADDITIONAL COMMENTS**

17a. Agent's Signature	17b. Insured's Signature	17b. Date
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